

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 1110-0339PUS1																																																		
Application No. 10/561,274-Conf. #5695	Filing Date December 19, 2005	Examiner G. G. Huang	Art Unit 1618																																																			
Applicant(s): Toshihiko KAKIUCHI																																																						
Invention: COMPOSITION FOR PREVENTING AND TREATING VARICOSE VEINS OF LOWER EXTREMITIES																																																						
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="7" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 10%;">Rate</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">7</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td colspan="2" style="text-align: right;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td style="text-align: center;">- 5 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 210.00</td> <td colspan="2" style="text-align: right;">0.00</td> </tr> <tr> <td colspan="6" style="padding: 5px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: right; padding: 5px;"><b>0.00</b></td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity             <input type="checkbox"/> Small Entity           </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No additional fee is required for this amendment.           </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.           </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.           </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.           </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.           </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Credit any overpayment.           </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.           </div> <div style="margin-top: 20px; margin-left: 100px;"> </div> <div style="margin-top: 5px; margin-left: 100px;">       Gerald M. Murphy, Jr.        Attorney Reg. No.: 28,977     </div> <div style="margin-top: 10px; margin-left: 100px;">       BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP        8110 Gatehouse Road        Suite 100 East        P.O. Box 747        Falls Church, Virginia 22040-0747        (703) 205-8000     </div> <div style="margin-top: 10px; margin-left: 450px;">       Dated: February 19, 2008     </div>						CLAIMS AS AMENDED								Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			Total Claims	7	- 20 =	0	x 50.00	0.00		Independent Claims	3	- 5 =	0	x 210.00	0.00		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>							Other fee (please specify):							<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>						<b>0.00</b>
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